

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 554239

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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10		/				
11		/				
12		/				
13	1					
14	2					
15	2					
16	2					
17	2					
18	①					
19						
20		/				
21		/				
22		/				
23	1					
24	3					
25	3					
26	①					
27	1					
28	2					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	3					
37	①					
38	2					
39	2					
40	①					
41	1					
42	1					
43	1					
44	2					
45	1					
46	1					
47	①					
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						